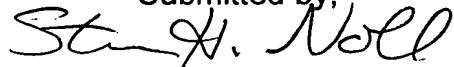


**REMARKS**

The present Amendment makes editorial changes in the specification, and claims, and adds an Abstract, to conform the present PCT application to the requirements of United States patent practice. The cancellation of claims 5 1-4 in favor of the claims presented herein has been undertaken solely because the amount of line-throughs and underlining that would have been necessary to conform original claims 1-4 to the requirements of 35 U.S.C. §112, second paragraph, would have been unduly burdensome and confusing. No change in the claim language between claims 1-4 and the 10 claims presented herein has been made for the purpose of distinguishing any of those claims over the teachings of the prior art of record. Accordingly, no difference in the claim language between the claims presented herein and original claims 1-4 is considered by the Applicants as a surrender of any of the subject matter encompassed within the scope of original claims 1-4.

15 Early consideration of the application on the merits is respectfully requested.

Submitted by,



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SPECIFICATION

TITLE

**NON-INVASIVE MEDICAL TREATMENT INSTALLATION**

**BACKGROUND OF THE INVENTION**

5 **Field of the Invention**

The present invention concerns a system for non-invasive medical treatment ~~in which~~ of the type wherein a therapy apparatus (perhaps such as a shockwave head in the case of a lithotripsy treatment) is directed moved on an orbit around a patient table or, ~~respectively~~, around a patient ~~borne~~ on this patient table.

10 **Description of the Prior Art**

A body region of the patient to be treated in a system of the above type is thereby arranged in the isocenter of the cited orbit. The focus of the therapy apparatus (in the case of a shockwave head thus the focus of the 15 ultrasonic waves emanating therefrom ~~from~~ it) is thereby located in the isocenter or, ~~respectively~~, in the body region to be treated. A circular arc, ~~what is~~ known as a C-arm, is generally used for guidance of the therapy apparatus. Given In the case of a C-arm that is permanently fixed at ~~the~~ a base ~~frame~~, this C-arm must exhibit an arc length that is at least as large as 20 the desired movement path of the therapy apparatus. The arc length of the C-arm can be shortened ~~when~~ if it this is born such supported so that it can be moved orbitally on the base ~~frame~~. A therapy apparatus movably guided on a C-arm has the advantage that it can be positioned on different sides of the body of a patient without the patient having to be repositioned on the patient 25 table. A system of ~~the~~ addressed this type is normally designed such that the base ~~frame~~ and further system parts are arranged on one side of the patient table, whereby so the other side of the patient table should can remain essentially free in order to enable a hindrance free allow unhindered access to the patient (perhaps such as for anesthesia purposes). If a therapy 30 apparatus should now be brought into position on this side of the patient table,

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the therapy apparatus itself is less disruptive than the C-arm ~~in fact~~ because said the therapy apparatus is positioned relatively close to the patient. If, for example, a shockwave head is positioned in the 0° position (i.e. in the upper table position given vertical alignment of its shockwave axis) for lithotripsy 5 treatment, the C-arm extends into the space above the patient at least up to this angle position. A treating doctor is thereby severely limited in terms of his or her freedom of movement in the region of ~~his~~ the doctor's head.

### SUMMARY OF THE INVENTION

Starting from this, it is the An object of the present invention is to 10 propose provide a system for non-invasive medical treatment ~~with which this~~ wherein the aforementioned disadvantage is circumvented avoided.

This object is achieved according to claim 1. A the invention by a therapy system having a carrier arm exhibiting with a fixed end and a free end ~~is accordingly arranged mounted~~ on the therapy C-arm, whereby the fixed end 15 of the carrier arm with its fixed end is borne being supported on the therapy C-arm between two end position positions predetermined by the arc ends such that said the carrier arm with its fixed end can move in an orbit, and said . The carrier arm bears supports the therapy apparatus on its free end. The carrier arm is furthermore borne supported on the therapy C-arm such that it can 20 rotate around a rotation axis, whereby so it can be aligned at both end positions such that it extends beyond the respective arc end. The rotatable bearing support of the carrier arm on the therapy C-arm ensures that such a projection beyond the arc end can also be produced in a simple manner at the respective other end position.

25 The rotation axis of the carrier arm is advantageously preferably aligned such that it intersects the focus of the therapy apparatus. It is thereby ensured that, given a rotation of approximately 180° around the rotation axis of the therapy focus, its position is not altered. This position typically lies in the isocenter of a C-arm. The position of the therapy focus is thus altered

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neither by an orbital movement of the carrier arm nor by a rotation around the rotation axis.

In a further preferred embodiment, the therapy apparatus is arranged such that its focus is located in a plane that runs parallel to and removed from the orbital plane of the therapy C-arm. ~~Via this embodiment This makes~~ it ~~[[is]]~~ possible to remove the effective location of the therapy apparatus from the orbital plane of the therapy C-arm and thereby to achieve even more freedom of movement in the region of the therapy C-arm for a person attending the patient. ~~However, this~~ This embodiment is particularly advantageous when, ~~with regard to an~~ for imaging accompanying a treatment, an x-ray C-arm is arranged coaxial, coplanar and with axial offset relative to the therapy C-arm, ~~whereby the focus of the therapy apparatus coincides coinciding~~ with the isocenter of the x-ray C-arm. In addition to the increased freedom of movement (already mentioned) for medical personnel, this achieves the advantage ~~thereby results~~ that the x-ray C-arm can in practice be moved orbitally without hindrance. Given In an arrangement of x-ray and therapy C-arms in which the orbital planes of both arcs coincide, the orbital movement capability of the x-ray C-arm is significantly limited, for example because x-ray source or x-ray receiver protrude into the movement path of the therapy C-arm.

~~The invention is now explained in detail using an exemplary embodiment shown in the accompanying drawings. Shown are:~~

~~Fig. 1 in perspective representation, a base frame of a system for therapeutic treatment on which is borne a therapy C-arm bearing a therapy apparatus, which therapy C-arm is borne such that it can move orbitally or, respectively, around an isocenter,~~

~~Fig. 2 a section from Fig. 1 in perspective representation,~~

~~Fig. 3 a section from a system in perspective representation, in which an x-ray C-arm is associated with the therapy C-arm,~~

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~~Fig. 4 an illustration corresponding to Fig. 1, in which the therapy apparatus is located in a different position,~~

5 ~~Fig. 5 a schematic, perspective representation which shows the position of the therapy apparatus from Fig. 4 in an application-related situation,~~

~~Fig. 6 a schematic representation of a therapy C-arm and of an associated x-ray C-arm.~~

### **DESCRIPTION OF THE DRAWINGS**

10 Figure 1 is a perspective view of a base for a therapeutic treatment system in accordance with the invention, on which a therapy C-arm is supported that carries a therapy apparatus, the C-arm being supported so as to be able to move orbitally around an isocenter.

Figure 2 is a perspective view of a portion of the system of Figure 1.

15 Figure 3 is a further perspective view of a further embodiment of a system in accordance with the present invention, wherein an x-ray C-arm is associated with the therapy C-arm.

Figure 4 shows the system of Figure 1, with the therapy apparatus located in a different position.

20 Figure 5 shows a portion of the system of Figure 4 with the therapy apparatus in a treatment position.

Figure 6 schematically illustrates the therapy C-arm and the x-ray C-arm of the embodiment of Figure 4.

### **DESCRIPTION OF THE PREFERRED EMBODIMENTS**

25 [[A]] The system shown in the illustrations comprises Figures has a base frame 1 on which is fixed a first C-arm that bears supports a therapy

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apparatus (for example the shockwave head 2 of a lithotripsy system). The first C-arm (designated in the following ~~with as~~ as therapy C-arm 3) is an annulus segment ~~which that~~ can be orbitally moved on an extension arm 4 of the base frame 1 around its middle point or, ~~respectively~~, around its isocenter 5, which  
5 is indicated in Fig. 1 by the double arrow 6. A sled 7 is ~~borne~~ supported on the therapy C-arm 3 such that it can move orbitally (thus corresponding to double arrow 6). A carrier arm 9 is attached with its fixed end 10 on a side 8 of the sled 7 facing the isocenter 5. The free end 12 of the carrier arm 9 ~~bears~~ carries the shockwave head 2. Due to the orbital movement capability  
10 of the therapy C-arm 3 and of the sled 7, the shockwave head 2 can be positioned in various angle ~~position~~ positions relative to the isocenter 5 or, ~~respectively~~, to a patient table 15. The radial separation of the shockwave head 2 from the isocenter 5 is selected such that the focus 13 of a shockwave cone 14 emitted from the shockwave head 2 lies on a central axis 18  
15 extending through the isocenter 5. The shockwave head 2 can thereby, for example, be arranged such that its ~~the~~ shockwave axis 16 runs thereof proceeds in the orbital plane 17 spanned by the therapy C-arm 3.

As is ~~recognizable~~ can be seen from Fig. 1 and in particular from Fig. 2, the carrier arm 9 is designed or, ~~respectively~~, aligned such that, in its upper  
20 end position (Fig. 2), it extends beyond the upper arc end 19 in the arc circumference direction, viewed in the direction of the central axis 18 situated perpendicular to the orbital plane 17 and extending through the isocenter 5. A ~~hindrance-free~~ An unhindered accessible space 20 in the head region of a person attending a patient during the treatment ~~thereby arises thus exists~~  
25 above the shockwave head 2. If the carrier arm (likewise seen in the projection of Fig. 2) were aligned approximately in the direction of the shockwave axis 16, thus radially, the therapy C-arm 3 would have to be longer by approximately the arc segment 22 or, ~~respectively~~, would have to be orbitally moved further by a corresponding length, whereby it would limit the  
30 freedom of movement of an attending person in the space 20.

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So that both the therapy C-arm 3 and the sled 7 of the carrier arm 9 also overhang the lower arc end 19' in the arc circumference direction in the lower end position, the carrier arm 9 is ~~borne~~ supported on the sled 7 such that it can rotate around a rotation axis 23. It would now be conceivable that 5 possible for not only a single rotation axis [[is]] to be present, but also rather that for the shockwave head 2 also exhibits to exhibit a degree of freedom relative to the carrier arm 9. The purpose of such a movement capability would be to bring the shockwave head 2 back into a position in which its focus 10 13 again comes to lie on the central axis 18 (for example coincides with the isocenter 5 of the therapy C-arm 3) after cycling an orbital movement path. However, a plurality of such multiple movement possibilities or, respectively, articulation points, however, form error sources with regard to an exact alignment of the shockwave head 2 as a result of tolerances that can never be entirely excluded precluded given parts that are movably connected with one 15 another. In the described exemplary embodiments, the shockwave head 2 is therefore rigidly connected with the carrier arm 9, which is likewise rigidly fashioned. The rotation of the carrier arm 9 ensues around a single axis, namely the rotation axis 23. Given a rotation of 180° around this axis, the carrier arm (like the shockwave head) is located in a mirror-inverted alignment 20 relative to the previous position, whereby with the rotation axis 23 forms forming the mirror axis. For x-ray-supported observation of, for instance, a lithotripsy treatment, the therapy C-arm can be provided with an x-ray C-arm coaxial with this therewith, comprising having an x-ray source (not shown) and bearing an x-ray receiver (30) 30 without or with axial offset. In the first case, 25 the orbital planes and the isocenters of both C-arms coincide. The rotation axis 23 of the C-arm 9 correspondingly runs proceeds in the common orbital plane of the C-arms and extends through their common isocenter. The shockwave head 2 thus can thereby be aligned such that its shockwave axis 16 runs proceeds in the common orbital plane. Given a rotation around the 30 rotation axis 23 by 180°, upon transition from one end position into the other the shockwave head 2 again adopts a position in which its shockwave axis 16 runs in the orbital plane 17 of the therapy C-arm 3. The monitoring with the x-

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ray system can then ensue "inline" in each angle position, i.e. in the direction of the shockwave axis 16. In the second case shown in the drawings figures, the x-ray C-arm 24 is arranged with axial separation from the therapy C-arm 3. Its isocenter 25, like the isocenter 5 of the therapy C-arm 3, lies on the 5 central axis 18. As ~~is in particular to be learned~~ can be seen from Fig. 3 and Fig. 6, the carrier arm 9 extends laterally out of the orbital plane 17. The shockwave head 2 fixed at the free end 12 of the ~~earlier~~ carrier arm 9 is then arranged in the region of the orbital plane 26 of the x-ray C-arm 24, whereby with its focus 13 [[is]] located in its isocenter 25. The shockwave head 2 can 10 be aligned such that its shockwave axis 16 runs proceeds in the orbital plane 26 of the x-ray C-arm 24 in one angle position per side. However, this alignment changes given a rotation around the rotation axis 23, meaning that the shockwave axis 16 is tilted out of the orbital plane 26, whereby (as inventively intended) but, in accordance with the invention, the common 15 isocenter is retained.

The carrier arm 9 ~~comprises~~ has a first longitudinal segment 27 ~~comprising the with a~~ fixed end 10 and a second longitudinal segment 28 ~~comprising the with a~~ free end 12. The longitudinal segment 27 is born on the sled 7 such that it can rotate. The rotation axis 23 (that is identical with the 20 center longitudinal axis 29 of the longitudinal segment 27) pierces the orbital plane 17 of the therapy C-arm 3 with its one end and intersects the isocenter 25 of the x-ray C-arm 24. Given an orbital shift of the sled 7 on the therapy C-arm 3, the rotation axis 23 sweeps over the shell plane of a conical segment 25 whose base surface is formed by the orbital plane 17 of the therapy C-arm and whose tip is formed by the isocenter 25 of the x-ray C-arm 24. The side 8 of the sled 7 from which the longitudinal section 26 projects runs proceeds at a right angle to the rotation axis 23. The second longitudinal segment 28 is fixed at an angle on the first longitudinal segment 27. Its center longitudinal axis 29 thereby forms an acute angle  $\alpha$  (Fig. 2) with the rotation axis 23 in the 30 projection on the orbital plane 17 and an acute angle  $\beta$  (Fig. 6) in the projection on a plane spanning from the examination axis 23 and the central

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axis 18. When, starting from the upper table position of the Fig. 1-3, the shockwave head 2 should be moved into an under-table position (Fig. 4-6), perhaps for treatment of a left or right kidney, two symmetrical operations are necessary, namely ~~on the one hand~~ a rotation by up to 180° around the 5 rotation axis 23 and an orbital shift of the sled 7. Although both movement procedures can ~~naturally~~ proceed simultaneously, they are described in succession for better comprehensibility. Starting from the situation in Fig. 2, if one initially begins with a rotation of 180° around the rotation axis 23 the shockwave head 2 subsequently, approximately adopts the position shown 10 with dashed lines. As ~~is to~~ can be learned seen from Fig. 2, this corresponds to a rotation around the central axis 18. The focus 13 persists in the isocenter 25 given the rotation. The shockwave axis 16 thereby sweeps ~~over the shell~~ ~~of~~ through a conical segment whose tip is the isocenter 25. Starting from the position shown in the dashed lines, an orbital shift by approximately 50° 15 (angle  $\gamma$ ) is necessary if the shockwave head 2 should, for instance, be aligned in the +40° position, and an orbital shift by, for instance, 130° (angle  $\gamma'$ ) is necessary given for an alignment in the -40° position. In contrast to this, an orbital movement path of the sled 7 (likewise starting from the upper table position) of approximately 240° would be required given an approximately 20 radially-aligned carrier arm extending in the direction of the shockwave axis 16. A therapy C-arm 3 with an arc length of more than 120° would be necessary for this. In contrast to this, given an inventive embodiment of the carrier arm 9 the therapy C-arm 3 can be shortened by, for instance, a piece corresponding to the arc segment 22.

25 Although modifications and changes may be suggested by those skilled in the art, it is the invention of the inventors to embody within the patent warranted heron all changes and modifications as reasonably and properly come within the scope of their contribution to the art.

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~~Patent claims~~

**WE CLAIM AS OUR INVENTION**

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AP20 Rec'd PCT/PTO 07 AUG 2006

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UNDER THE PATENT COOPERATION TREATY-CHAPTER II

5

**SUBMISSION OF DRAWINGS FOR PUBLICATION**

APPLICANT: Rainer Kaltschmidt et al

ATTORNEY DOCKET NO. P06,0226

INTERNATIONAL APPLICATION NO: PCT/EP2005/050629

INTERNATIONAL FILING DATE: February 14, 2005

10 INVENTION: **NON-INVASIVE MEDICAL TREATMENT INSTRALLATION**

**MAIL STOP PCT**

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SIR:

Applicants herewith submit six sheets (Figs. 1-6) of drawings in a form suitable for publication purposes.

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